

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 10/20/10

Address: 831 CANAL ST.

Case #: PQ 10-126D

MT. VERNON INDIANA

County: POSEY

47620

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: _____
☒ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Corrosive Acid: _____
☐ Corrosive Base: _____
☒ Other (item and location): SALT, COFFEE FILTERS, ETC

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: PROBATION DEPT VISIT

This report is to be faxed to the following agencies that serve the location:

Fire Department: MT. VERNON FIRE DEPT

Fax: EMAILED

Health Department: POSEY CO. HEALTH

Fax: EMAILED

Child Protection Service: N/A

Fax: EMAILED

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: KENNETH ROSE Phone 812-307-0047

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.